

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Robert B. Briggs
Department of Justice
JMD/IMSS
Suite 1600
Washington, DC 20530

07/21/2005

In accordance with the Paperwork Reduction Act, OMB has taken the following action on your request for approval of a revision of an information collection received on 06/14/2005.

TITLE: Firearms Transaction Record, Part 1,
Over-the-Counter

AGENCY FORM NUMBER(S): ATF-F-4473,(5300.9)PART1

ACTION : Approved without change
OMB NO.: 1140-0020
EXPIRATION DATE: 07/31/2008

BURDEN:	RESPONSES	HOURS	COSTS(\$,000)
Previous	10,225,000	3,408,333	0
New	10,225,000	4,260,417	0
Difference	0	852,084	0
Program Change		852,084	0
Adjustment		0	0

TERMS OF CLEARANCE:

This collection is approved under the following terms of clearance: DOJ will begin use of the revised ATF Form 4473 on October 1, 2005. Prior to 10/1/05, ATF will use the original Form 4473. Furthermore, ATF is granted approval to use a combined single-question format to collect data on race and ethnicity. This combined format is acceptable in certain situations including those related to law enforcement.

NOTE: The agency is required to display the OMB control number and inform respondents of its legal significance (see 5 CFR 1320.5(b)).

OMB Authorizing Official	Title
Donald R. Arbuckle	Deputy Administrator, Office of Information and Regulatory Affairs

Sent electronically, 07/25/2005 10:41:24

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request Department of Justice / ATF	2. OMB control number a. <u>1140 - 0020</u> b. <input type="checkbox"/> None
3. Type of information collection (check one) a. <input type="checkbox"/> New Collection b. <input checked="" type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number <i>For b-f, note item A2 of Supporting Statement instructions</i>	4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: <u> </u> c. <input type="checkbox"/> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from the approval date b. <input type="checkbox"/> <u> </u>
7. Title Firearms Transaction Record, Part 1, Over-the-Counter	
8. Agency form number(s) (if applicable) ATF F 4473 (5300.9) Part 1	
9. Keywords Firearms Laws, Gun Control, Gun Tracing, Law Enforcement	
10. Abstract The form is used to determine the eligibility (under the Gun Control Act) of a person to receive a firearm from a Federal firearms licensee and to establish the identity of the buyer.	
11. Affected public (Mark primary with "P" and all others with "X") a. <u>P</u> Individuals or households b. <input checked="" type="checkbox"/> Business or other for-profit c. <input type="checkbox"/> Not-for-profit institutions d. <input type="checkbox"/> Farms e. <input type="checkbox"/> Federal Government f. <input type="checkbox"/> State, Local, or Tribal Government	12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>10,225,000</u> b. Total annual responses <u>10,225,000</u> 1. Percentage of these responses collected electronically <u>0</u> % c. Total annual hours requested <u>4,260,417</u> d. Current OMB inventory <u>3,408,333</u> e. Difference <u>852,084</u> f. Explanation of difference 1. Program change <u>852,084</u> 2. Adjustment <u> </u>	14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) <u>0</u> c. Total annualized cost requested <u>0</u> d. Current OMB inventory <u>0</u> e. Difference <u>0</u> f. Explanation of difference 1. Program change <u>0</u> 2. Adjustment <u> </u>
15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Application for benefits b. <input type="checkbox"/> Program evaluation c. <input type="checkbox"/> General purpose statistics d. <input type="checkbox"/> Audit e. <input type="checkbox"/> Program planning or management f. <input type="checkbox"/> Research g. <u>P</u> Regulatory or compliance	16. Frequency of recordkeeping or reporting (check all that apply) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting: 1. <input checked="" type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) <u> </u>
17. Statistical methods Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Cherie Knoblock</u> Phone: <u>202-927-0610</u> Nick: <u>Colucci</u> 202-927-8346

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19. Certification for Paperwork Reduction Act Submissions

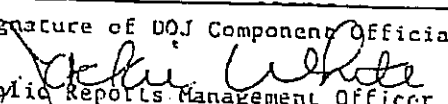
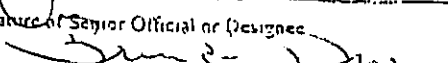
On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number.
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of DOJ Component Official  Public Reports Management Officer	Date 5/31/05
Signature of Senior Official or Designee  Brenda E. Dyer, Clearance Officer United States Department of Justice	Date

OMB 83-I

10/95

BUREAU OF ALCOHOL, TOBACCO, FIREARMS AND EXPLOSIVES

Supporting Statement

Information Collection Request

OMB 1140-0020

ATF 4473 (5300.9) Part I, Firearms Transaction Record

Part I, Over-The-Counter

A. Justification

1. Necessity of Information Collection

Under the Gun Control Act (GCA) of 1968 certain persons are prohibited from shipping, transporting, receiving or possessing firearms. Through ATF's inspection program the Bureau ensures compliance with Federal firearms laws and regulations. This is accomplished in order to prevent the criminal diversion of firearms and enhance law enforcement's ability to trace firearms that are recovered in crimes. The Firearms Transaction Record, Part 1, Over-the-Counter, ATF F 4473 (5300.9) Part 1 is used by the regulated firearms industry, Federal Firearms Licensees, for the sale and transfer of a firearm to a non-licensed individual who is not prohibited under Federal firearm laws from owning or possessing a firearm. This form plays an intricate part in ATF's inspection of Federal Firearm Licensees (FFL) to ensure that FFL's are in compliance with Federal firearm laws and regulations. The subject form is required under the authority of 18 U.S.C. § 922 and 923 and 27 CFR 478.124. These sections of the GCA prohibit certain persons from shipping, transporting, receiving or possessing firearms. A Federal firearms licensee may not dispose of a firearm to these persons. A licensee is subject to other restrictions for the disposition of a firearm under the GCA. Age and place of residence also determine whether a person may lawfully receive a firearm. The form poses questions to the potential transferee, his/her answers will allow the transferor (the licensee) to determine the eligibility of the transferee. The form should only be used for sales or transfers where the seller is licensed under 18 U.S.C. 923.

The form has been revised to reflect recommended format and substantive changes requested by a variety of stakeholders including licensees and Federal and State law enforcement agencies. Pages 3, 4 and 5 of the form contain the notices, instructions, and definitions for the form along with the Privacy Act Information and Paperwork Reduction Act Notice.

The collection does include information that directly identifies an individual (name, address, and optional social security number). However, the information is not collected in an IT system nor is it an on-line collection. The respondent's answers determine whether or not he/she is eligible to receive a firearm.

Agency Name

NEW: U.S. Department of Justice, Bureau of Alcohol, Tobacco, Firearms and Explosives
OLD: Department of Treasury, Bureau of Alcohol, Tobacco and Firearms

Warning:

NEW: You may not receive a firearm if prohibited by Federal or State Law. The information you provide will be used to determine whether you are prohibited under law from receiving a firearm. Certain violations of the Gun Control Act are punishable by up to 10 years imprisonment and /or up to a \$250,000 fine.

Prepare in original only. All entries must be in ink. Read the Important Notices, Instructions and Definitions on this form. "Please Print"

OLD: WARNING: You may not receive a firearm if prohibited by Federal or State Law. The information you provide will be used to determine whether you are prohibited under law from receiving a firearm.

Prepare in original only. All entries must be in ink. Read the Important Notices, Instructions and Definitions on this form.

Block Number Section A

NEW Must Be Completed Personally By Transferee (Buyer)

OLD : Must Be Completed Personally By Transferee (Buyer)

Block Number: 1.

NEW: Transferee's Full Name

Last Name _____

First Name _____

Middle Name _____ (if no middle name state "NMN".)

OLD: Transferee's Full Name (Last, First, Middle)

Block Number: 2.

NEW: Current Residence Address (Cannot be a post office box) (BOLD RED INK)
Number and Street Address _____ City _____ County _____ State _____

Zip Code _____

OLD : Residence Address (No., Street, City, County, State, ZIP Code; cannot be a post office box)

Block Number: 3.

NEW: Place of Birth

U.S. City/State _____ Foreign Country _____

OLD : Place of Birth (City, State or foreign country)

Block Number: 4.

NEW: Height

Ft. _____

In. _____

OLD : Height _____

Weight _____

Block Number: 5.

NEW: Weight

OLD : ☐ Male

☐ Female

Block Number: 6.

NEW: Gender

Male ☐

Female ☐

OLD: Birth Date

Month _____ Day _____ Year _____

Block Number: 7.

NEW: Birth Date

Month _____ Day _____ Year _____

OLD : Social Security Number

(Optional, but will help prevent misidentification.)

Block Number: 8.

NEW: Social Security Number *(Optional, but will help prevent misidentification.)*

OLD: Race (Ethnicity) (check one or more boxes)

☐ American Indian or Alaska Native ☐ Black or African American

☐ Hispanic or Latino ☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ White

Block Number: 9.

NEW: Unique Personal Identifier Number (UPIN) if applicable *(See Instructions to Transferor 6.)*

OLD: What is your State of residence (if any)? _____ *(See Definition 5. If you are not a citizen of the United States, you have a State of residence only if you have resided in a State for at least 90 days prior to the date of this sale.)*

Block Number: 10.

NEW: Race (*Ethnicity*) (*check one or more boxes.*)

- ☐ American Indian or Alaska Native ☐ Black or African American
☐ Hispanic or Lantio ☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ White

OLD: What is your country of citizenship? (List more than one, if applicable.) _____

Block Number: 11.

NEW: Answer questions 11.a. through 12 by writing "yes" or "no" (**Bold in Red ink**) in the boxes to the right of the question.

OLD: If you are not a citizen of the United States, what is your INS-issued alien number or admission number?

Block Number Certification Of Transferee

NEW: Deleted - Certification Of Transferee

OLD: Certification of Transferee

Block Number: 11.a. was 12a

NEW: Are you the actual buyer of the firearm(s) listed on this form? **Warning: You are not the actual buyer if you are acquiring the firearms(s) on behalf of another person. If you are not the actual buyer, the dealer cannot transfer the firearms(s) to you. (see Important Notice 1 for actual buyer definition examples.)**

OLD: 12a

Are you the actual buyer of the firearm(s) listed on this form? **Warning: You are not the actual buyer if you are acquiring the firearms(s) on behalf of another person. If you are not the actual buyer, the dealer cannot transfer the firearms(s) to you. (See Important Notice 1 for actual buyer definition examples.)**

Block Number: 11.b. was 12b

NEW: Are you under indictment or information in any court for a **felony**, or any other crime, for which the judge could imprison you for more than one year? (*An information is a formal accusation of a crime by a prosecutor. See Definition 3.*)

OLD: 12b

Are you under indictment or information in any court for a **felony**, or any other crime, for which the judge could imprison you for more than one year? (*An information is a formal accusation of a crime by a prosecutor. See Definition 3.*)

Block Number 11.c. was 12c

NEW: Have you ever been convicted in any court of a **felony**, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? *(See Important Notice 4, Exception 1.)*

OLD: 12c

Have you been convicted in any court of a felony, or any other crime, for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? *(See Important Notice 6, Exception 1.)*

Block Number 11.d. was 12d

NEW: Are you a fugitive from justice?

OLD: 12d

Are you a fugitive from justice?

Block Number 11.e. was 12e

NEW: Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?

OLD: 12e

Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance?

Block Number 11.f. was 12f

NEW: Have you ever been adjudicated mentally defective *(which includes having been adjudicated incompetent to manage your own affairs)* or have you ever been committed to a mental institution?

OLD: 12f

Have you ever been adjudicated mentally defective *(which includes having been adjudicated incompetent to manage your own affairs)* or have you ever been committed to a mental institution?

Block Number 11.g. was 12g

NEW: Have you ever been discharged from the Armed Forces under **dishonorable** conditions?

OLD: 12g

Have you ever been discharged from the Armed Forces under **dishonorable** conditions?

Block Number 11.h. was 12h

NEW: Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? *(See Important Notice 5.)*

OLD: 12h

Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? *(See Important Notice 7.)*

Block Number 11.i. was 12i

NEW: Have you ever been convicted in any court of a misdemeanor crime of domestic violence? *(See Important Notice 4, Exception 1 and Definition 4.)*

OLD: 12i

Have you ever been convicted in any court of a misdemeanor crime of domestic violence? *(See Important Notice 6, Exception 1 and Definition 4.)*

Block Number 11.j. was 12j

NEW: Have you ever renounced your United States citizenship?

OLD: 12j

Have you ever renounced your United States citizenship?

Block Number 11.k. was 12k

NEW: Are you an alien **illegally** in the United States?

OLD: 12k

Are you an alien **illegally** in the United States?

Block Number 11.l. was 12l

NEW: Are you a nonimmigrant alien? *(See Definition 6.)* If you answered "no" to this question, you are not required to respond to question 12.

OLD: 12l

Are you a nonimmigrant alien? *(See Definition 6.)*

Block Number 12.

NEW: If you answered "yes" to question 11.l. do you fall within any of the exceptions set forth in Important Notice 4, Exception 2? (e.g., valid State hunting license.) **(If "yes," the licensee must complete question 20c.)**

OLD: Answer question 12a through 12l by writing "yes" or "no" in the boxes to the right of the questions.

Block Number 13.

NEW: What is your State of residence (if any)? _____ *(See Definition 5. If you are not a citizen of the United States, you only have a State of residence if you have resided in a State for a least 90 continuous days immediately prior to the date of this sale.)*

OLD: If you are a nonimmigrant alien, do you fall within any of the exceptions set forth in Important Notice 6, Exception 2?

Yes ☐ No ☐ Not applicable ☐ **(if "yes," the licensee must complete question 18c.)**

Block Number 14.

NEW: What is your country of citizenship? (List/check more than one, if applicable.)

☐ United States of America ☐ Other (Specify) _____

OLD: Transferee's Signature

Block Number 15.

NEW: If you are not a citizen of the United States, what is your U.S.-issued alien number or admission number?

OLD: Date

Block Number Certification Statement

NEW: I certify that the answers to Section A are true and correct. I am aware that ATF Form 4473 contains Important Notices, Instructions, and Definitions. I understand that answering "yes" to question 11.a. if I am not the actual buyer of the firearm is a crime punishable as a felony. I understand that a person who answers "yes" to any of the questions 11.b. through 11.k. is prohibited from purchasing or receiving a firearm. I understand that a person who answers "yes" to question 11.1. is prohibited from purchasing or receiving a firearm, unless the person also answers "yes" to question 12. I also understand that making any false oral or written statement, or exhibiting any false or misrepresented identification with respect to this transaction, is a crime punishable as a felony. I further understand that the repetitive purchase of firearms for the purpose of resale for livelihood and profit without a Federal firearms license is a violation of law. (See Important Notice 6.)

OLD: I certify that the above answers are true and correct. I understand that answering "yes" to question 12a when I am not the actual buyer of the firearm is a crime punishable as a felony. I understand that a person who answers "yes" to any of the questions 12b through 12k is prohibited from purchasing or receiving a firearm. I understand that a person who answers "yes" to question 12l is prohibited from purchasing or receiving a firearm, unless the person also answers "yes" to question 13. I also understand that making any false oral or written statement, or exhibiting any false or misrepresented identification with respect to this transaction, is a crime punishable as a felony. I further understand that the repetitive purchase of firearms for the purpose of resale for livelihood and profit without a Federal firearms license is a violation of law (See Important Notice 8.)

Block Number 16.

NEW: Transferee's/Buyer's Signature

OLD: Type of firearms(s) to be transferred:

☐ Handgun ☐ Long Gun ☐ Both

Block Number 17.

NEW: Certification Date

OLD: Location of sale if at a gun show. (See Instruction to Transferor 13.)

(city, state)

Block Number **Section B – Must Be Completed by Transferor (Seller)**

NEW: Section B – Must Be Completed By Transferor (Seller)

OLD: Section B – Must Be Completed By Transferor (Seller)

Block Number 18.

NEW: Type of firearms(s) to be transferred:

☐ Handgun ☐ Long Gun ☐ Both

OLD: No box 18 on old form

Block Number 19.

NEW: Location of sale if at a gun show or other qualifying event. (See Instruction to transferor 15.)

(city, State)

OLD: No box 19 on old form

Block Number 20a. was 18a.

NEW: Identification (e.g., driver's license or other valid government-issued photo identification.) (See Instruction to Transferor 1.)

Type of Identification _____ Number on Identification _____ Expiration Date
of Identification (if any) Month _____ Day _____ Year _____

OLD: 18a.

Type of Identification (e.g., driver's license or other valid government- issued photo
identification.): _____;

Number on Identification: _____;

Expiration Date of Identification (if any) _____. (See Instruction to
Transferor 1.)

Block Number 20b. was 18b.

NEW: Aliens only: Type and dates of additional required identification (e.g., utility bills
or lease agreements.) (See Instructions to Transferor 2.)

Type of Identification _____ Date(s) _____

OLD: 18b.

Aliens only: types and dates of additional required identification (e.g., utility bills or
lease agreements. See Instruction to Transferor 2.)

Block Number 20c. was 18c.

NEW: **Nonimmigrant aliens only:** Type of documentation showing an exception to the nonimmigrant alien prohibition (*e.g., hunting license/permit; waiver.*)(*See Instruction to Transferor 3.*)

OLD: 18c.

Nonimmigrant aliens only: Type of documentation showing an exception to the nonimmigrant alien prohibition (*e.g., hunting license/permit; waiver. See Instruction to Transferor 3.*)

NEW: Block Number **Question 21, 22, or 23 Must Be Completed Prior To The Transfer Of the Firearms(s)** (*See Instructions to Transferor 5-8.*)

OLD: Question 19, 20, or 21 Must Be Completed Prior To The Transfer Of The Firearm(s) (*See Instructions to Transferor 5-7.*)

Block Number 21a. was 19a.

NEW: The transferee's identifying information in Section A was transmitted to NICS or the appropriate State agency on: _____.
(date)

OLD: 19a.

The transferee's identifying information in Section A was transmitted to NICS or the appropriate state agency on _____.
(date)

Block Number 21b. was 19b.

NEW: The NICS or State transaction number (if provided) was:

OLD: The NICS or State transaction number (if provided) was:

Block Number 21c. was 19c.

NEW: The response initially provided by NICS or the appropriate State agency was:

☐ Proceed ☐ Delayed

☐ Denied *The firearms(s) may be transferred on _____*

☐ Cancelled *(MDI date provided by NICS) if State law permits (optional)]*

OLD: Was 19c.

The response initially provided by NICS or the appropriate state agency was:

☐ Proceed ☐ Denied ☐ Delayed

Block Number 21d. Was 19d.

NEW: If initial NICS or State response was "Delayed," the following response was received from NICS or the appropriate State agency:

- ☐ Proceed _____ (date)
☐ Denied _____ (date)
☐ No resolution was provided within 3 business days.

OLD: Was 19d.

If initial NICS or state response was "Delayed," the following response was received from NICS or the appropriate state agency on _____

(Date)

- ☐ Proceed ☐ Denied ☐ No resolution was provided within 3 business days.

Block Number 21e. New block added

NEW: (Complete if applicable.) After the firearm was transferred, the following response was received from NICS or the appropriate State agency on: _____ (date).

☐ Proceed ☐ Denied

OLD: New Block added

Block Number 21f. Was 19e

NEW: The name and Brady identification number of the NICS examiner (optional)

_____/_____
(name) (number)

OLD: 19e.

The name and Brady identification number of the NICS examiner (if provided)

_____/_____ (optional)
(name) (number)

Block Number 22. Was 20.

NEW: ☐ No NICS check was required because the transfer involved only NFA firearms(s). (See Instruction to Transferor 8.)

OLD: 20.

☐ No NICS check was required because the transfer involved only NFA firearms(s). (See Instruction to Transferor 7.)

Block Number 23. Was 21.

NEW: ☐ No NICS check was required because the buyer has a valid permit from the State where the transfer is to take place which qualifies as an exemption to NICS (*See Instruction to Transferor 8.*)

State Permit Type _____ Date of Issuance _____ (if any)
Expiration Date (if any) _____ Permit Number (if any) _____

OLD: 21.

☐ No NICS check was required because the buyer has a valid permit which qualifies as an exemption to NICS (*See Instruction to Transferor 7.*)

State Permit Type: _____ Date of Issuance: _____
Expiration Date (if any): _____ Permit Number: _____

Block Number Section C

New: Section C

OLD: Section C

Block Number Statement below Section C

NEW: If the transfer of the firearms(s) takes place on a different day from the date the transferee (buyer signed Section A, the Transferee must complete Section C immediately prior to the transfer of the firearms(s). (*See Instruction to Transferee 3 & Instruction to Transferor 9.*)

OLD: If the transfer of the firearms(s) takes place on a different day from the date that the transferee signed Section A, the transferee must complete Section C immediately prior to the transfer of the firearm(s). (*See Instruction to Transferee 3 & Instruction to Transferor 8.*)

Block Number Statement

NEW: I certify that the answers I provided to the questions in Section A of this form are still true and correct.

OLD: I certify that the answers I provided to the question in Section A of this form are still true and correct.

Block Number 24. was 22.

NEW: Transferee's/Buyer's Signature (Bold/red ink)

OLD: 22.

Transferee's Signature

Block Number 25. was 23.

NEW: Recertification Date (Bold/red ink)

OLD: 23.

Date

Block Number Section D

NEW: Section D *(See Instructions to Transferor 10 -11.)*

OLD: Section D

Block Number 26. was 24.

NEW: Manufacturer and/or Importer

OLD: 24.

Manufacturer an/or Importer

Block Number 27. was 25.

NEW: Model

OLD: 25.

Model

Block Number 28. was 26.

NEW: Serial Number

OLD: 26.

Serial Number

Block Number 29. was 27.

NEW: Type (pistol, revolver, rifle, shotgun, etc.)

OLD: 27.

Type (pistol, revolver, rifle, shotgun, etc.)

Block Number 30. was 28.

NEW: Caliber or Gauge

OLD: 28.

Caliber or Gauge

Block Number Complete ATF Form 3310.4 For Multiple Purchases of Handguns *(See Instruction to Transferor 13.)*

NEW: Complete ATF Form 3310.4 For Multiple Purchases of Handguns *(See Instruction to Transferor 13.)*

OLD: Complete ATF Form 3310.4 For Multiple Purchases of Handguns *(See Instruction to Transferor 11.)*

Block Number 31. was 29.

NEW: Trade/corporate name and address of transferor (seller) *(Hand stamp may be used.)*

OLD: 29.

Trade/corporate name and address of transferor *(Hand stamp may be used.)*

Block Number 32. was 30.

NEW: Federal Firearms License Number *(Complete 15 digit FFL Number) (Hand stamp may be used.)*

OLD: 30.

Federal Firearms License Number *(Hand stamp may be used)*

Block Number Statement

NEW: On the basis of (1) the statements in Section A (and Section C if the transfer does not occur on the day Section A was completed); (2) my verification of the identification noted in question 20a (and my re-verification at the time of transfer if the transfer does not occur on the day Section A was completed); and (3) the information in the current State Laws and Published Ordinances, it is my belief that it is not unlawful for me to sell, deliver, transport, or otherwise dispose of the firearm(s) listed on this form to the person identified in Section A.

OLD: On the basis of (1) the statements in Section A; (2) my verification of identity noted in question 18a and my verification again at the time of transfer (if the transfer does not occur on the same day the verification was noted in question 18a); and (3) the information in the current State Laws and Published Ordinances, it is my belief that it is not unlawful for me to sell, deliver, transport, or otherwise dispose of the firearm(s) listed on this form to the person identified in Section A.

Block Number Statement

NEW: The Person Transferring the Firearm(s) Must Complete Questions 33-36. For Denied/Cancelled Transactions, The Person Who Completed Section B Must Complete Questions 33-35.

OLD: The Person Actually Transferring The Firearm(s) Must Complete Questions 31-34.

Block Number 33. was 31.

NEW: Transferor's/Seller's Name *(Please print.)*

OLD: 31.

Transferor's Name (please print)

Block Number 34. was 32.

NEW: Transferor's/Seller's Signature

OLD: 32.

Transferor's Signature

Block Number 35. was 33.

NEW: Transferor's/Seller's Title

OLD: Transferor's Title

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Block Number 36. was 34.

NEW: Date Transfer is Completed

OLD: Date Transfer is completed

2. Needs and Uses

A person purchasing a firearm from a Federal firearms licensee completes Section A of the form. The purchaser's answers to the questions determine whether or not he/she is eligible to receive the firearm. If the purchaser is eligible to receive the firearm, Section B is completed by the licensee (dealer, seller) the licensee must contact the Federal Bureau of Investigation (FBI) NICS or the Point of Contact (POC) State to determine if the firearm can be legally transferred to the purchaser. The form is entered into the licensee's permanent records and is used primarily in investigations of a criminal nature, and secondarily as an inspection tool in determining that the licensee is in conformity with the GCA.

3. Use of Information Technology

None of the ATF F 4473 forms are posted on the ATF website due to security and legal issues. The licensee maintains copies of the form on the premises. The form cannot be faxed or sent electronically.

4. Efforts to Identity Duplication

ATF uses a uniform subject classification system for forms to identify duplication and to ensure that any similar information already available cannot be used or modified for use for the purpose of this information collection.

5. Minimizing Burden on Small Businesses

This collection of information has no impact on small businesses.

6. Consequences of Not Conducting or less frequent Collection

The consequence of not conducting this collection of information or conducting it less frequently would result in the licensee selling and transferring a firearm to a person who is not eligible. The form is critical with regard to the prevention of criminal diversion of firearms and enhances law enforcement's ability to trace firearms that are recovered in crimes.

The collection of this information will be necessary to comply with the statutory requirements to verify the eligibility of an individual receiving or possessing firearms under the Gun Control Act. There is no discretionary authority on the part of the Agency to waive these requirements. The respondents are required to supply this information as often as necessary to comply with statutory provisions.

7. Special Circumstances

There are no special requirements that would cause the information collection to be conducted in any other manner.

8. Public Comments and Consultations

ATF consulted with licensees, Federal and State law enforcement agencies and FBI (NICS) to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format, and on the data elements to be recorded, disclosed, or reported. A 60-day and 30 day Federal Register notice will be published in the Federal Register in order to solicit comments from the general public.

9. Provision of Payments or Gifts to Respondents

No payment or gift is offered to the respondents.

10. Assurance of Confidentiality

Respondent's confidentiality is protected by 26 U.S.C 6103 (Privacy Act). All records regarding these collections are kept on the dealer's premises in a secured location.

11. Justification for Sensitive Questions

Questions of a sensitive nature are asked to ensure that firearms are not sold to or received by certain persons. The information and certification on the form are designed so that a person licensed under 18 U.S.C. 923 may determine if he or she lawfully may sell or deliver a firearm to the person acquiring the firearm.

12. Estimate of Respondent's Burden

The number of respondents associated with this information collection is 10,225,000. Each respondent completes the form 1 time. The total annual responses are 10,225,000. It is estimated that it takes 25 minutes to complete the form. The total annual burden hours for this information collection is 4,260,417.

13. Estimate of Cost Burden

There is no cost to the respondent, due to the fact that the respondent completes the form on the premises in front of the store dealer.

14. Cost to Federal Government

Cost of printing, distributing, and mailing the form is estimated at \$1,461,600.00. This cost includes printing an estimated 15,000,000 forms, shrink wrapping, inserting in envelopes and mailing to the Federal firearms licensees as well as delivering a bulk supply to the ATF Distribution Center for stock.

15. Reason for Change in Burden

As a result of the recommended changes, the time it takes to complete the form has increased from 20 minutes to 25 minutes. The current burden is 3,408,333 new total annual hours requested is 4,260,417. The difference is a program change due to an agency action of 852,084 hours.

16. Anticipated Publication Plan and Schedule

The information collection will not be published.

17. Display of Expiration Date

ATF request authorization to omit printing the expiration date on this form. Printing the expiration date on this form will result in increased cost because of the need to replace inventories that become obsolete by the passage of the expiration date each time OMB approval is renewed. Also, because of the criticality of this form, changes can occur at any time. In addition, usage fluctuates unpredictably. ATF must maintain a substantial inventory of forms at the ATF Distribution Center at all times. For these reasons, ATF requests authorization to omit printing the expiration date on the form.

18. Exception to the Certification Statement

There are no exceptions to the certification statement.

B. Statistical Methods:

This collection of information employs no statistical methods.